

Make checks/money orders payable to LDEQ and submit to the address above.

Louisiana Department of Environmental Quality OES - Permit Support Services Division Notifications & Accreditations Section P.O. Box 4313, Baton Rouge, Louisiana 70821-4313

SEWAGE SLUDGE HAULER NOTIFICATION FORM

For LDEQ Official Use Only

*Please be aware that the Selected Receiving Facility must possess "both" the Required LPDES permit and Sewage Sludge & Biosolids Use or Disposal permit or the Receiving Facility has submitted the proper Notification or Permit Application to LDEQ-Water Permits Division.

Fees: Initial - \$100 Renewal - \$100 (Mark appropriate box - Renewal applications due May 1 st of each ye I. Applicant Information (Print Legibly or Type)				AI No: Ck/MO: Site ID No: Amount: Date: Initials:		
Name of Hauler:			AI No		Site ID No	
					Complete, if Renewal)	
Hauler Physical Location/Street Address:			Contact Name & Title:			
City, State, Zip: Parish (ph		(physical site):	Contact Phone:		Contact Fax:	
Hauler Mailing Address: City/State/Zip:			Contact Email Address:			
II. Type of Sewage Sludge to be Hauled (Check each applicable line or box)						
 ☐ Sewage Sludge from wastewater treatment plants ☐ Domestic Septage ☐ Portable Toilet Waste ☐ Grease Waste Mixed with Sewage Sludge ☐ Biosolids (Prepared Sewage Sludge) 			Annual Amount of Sewage Sludge Hauled per Year: Gallons per Year Tons per Year			
III. Vehicle Information (Please list all vehicles that will be used to haul sewage sludge, including make, model, year, license number, and name of registered owner/hauler) (Add additional rows or duplicate this page, if necessary)						
No. of Vehicles: * (Attach a picture or diagram of each vehicle)						
Make of Vehicle	Type of Vehicle	Model No.	Year	License Number	Registered Owner/ Hauler	

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IV. Information Pertaining to Receiving Facility Where the Sewage Sludge will be Hauled (If this Section is

copy of a letter from the		r this page) Note: If the receiving that it will accept sewage sludg	, ,		
Name of Receiving Facility:		AI Number:			
Receiving Facility Physical Location/Street Address:		Contact Name & Title:			
City, State, Zip:	Parish (physical site):	Contact Phone:	Contact Email:		
Receiving Facility Mailing A City/State/Zip:	ddress:				
		ere the Sewage Sludge will this page)	be Hauled (If this Section is		
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Receiving Facility Physical Location/Street Address:		Contact Name & Title:			
City, State, Zip:	Parish (physical site):	Contact Phone:	Contact Email:		
Receiving Facility Mailing A City/State/Zip:	ddress:				
certify under penalty of	law that this information is tr	m familiar with the information, accurate, and complete to mitting false information, incl	the best of my knowledge. I		
Authorized Signature		Print Name and Title	Date		
DHH to DEQ. At least 60 of Health and Hospitals, you w	days prior to the 2008 expiration of vill need to apply for registration w	ration of all haulers of sewage sludge your sewage sludge hauler "Licentith DEQ utilizing this form. The form. The form."	se" issued by the Department of orm is available by accessing the		
For information regard	ing technical questions, phone (225	5) 219-3012			

For information regarding submittal of this form, phone (225) 219-3253

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